

10 / 743107

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9	1						59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16	1						66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22							72			
23							73			
24							74			
25							75			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			